

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214513814					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Roanoke Valley Society for the Prevention of Cruelty to Animals</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C. DENISE HAYES ROANOKE VALLEY SPCA 1340 BALDWIN AVENUE NE ROANOKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/17/2014</p> <p>SCC ID NO: 00666099</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1340 BALDWIN AVE NE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ROANOKE, VA 24012</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MELINA PERDUE TITLE: PRESIDENT ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 307 CITY/ST/ZIP/CO: ROANOKE, VA 24014 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MELINA PERDUE TITLE: PRESIDENT ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 307 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MELINA PERDUE TITLE: PRESIDENT ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 307 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DAVID CAUDILL TITLE: TREASURER ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 312 CITY/ST/ZIP/CO: ROANOKE, VA 24014 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DAVID CAUDILL TITLE: TREASURER ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 312 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DAVID CAUDILL TITLE: TREASURER ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 312 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: C. DENISE HAYES TITLE: CEO ADDRESS: 6005 BRIAR HILL COURT CITY/ST/ZIP/CO: ROANOKE, VA 24012 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: C. DENISE HAYES TITLE: CEO ADDRESS: 6005 BRIAR HILL COURT CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TODD FOUTZ TITLE: DIRECTOR ADDRESS: 2817 MATTHEW DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24179	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	ROBERT MANGUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3806 WINDING WAY ROAD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		
NAME:	LYNDA MCGARRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2733 McVitty Road		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		
NAME:	JOHN PRILLAMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2712 CAROLINA AVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	CHRISTA STEPHENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	406 Walnut AVE., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		
NAME:	TAMMY VAUGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	208 REGENCY DRIVE		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24014		
NAME:	PAULA WYCHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	417 STONEBRIDGE DRIVE		
CITY/ST/ZIP/CO:	BLUE RIDGE, VA 24064		
NAME:	Carl Beck	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3112 Somerset Street SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	Caroline McKean	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5046 Ranchcrest Drive		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		
NAME:	Janis Frazer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6539 Poage Valley Road Ext		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		
NAME:	Justin vanBlaricom	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	917 Carrington Avenue		
CITY/ST/ZIP/CO:	Roanoke, VA 24014		
NAME:	Katharine Wells	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3741 Franklin Road		
CITY/ST/ZIP/CO:	Roanoke, VA 24014		

NAME:	Kerin Flattery	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	71 Brookwood Circle		
CITY/ST/ZIP/CO:	Roanoke, VA 24019		
NAME:	Mary T Bivens	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3125 Avenham Avenue, SW		
CITY/ST/ZIP/CO:	Roanoke, VA 24014		
NAME:	Peter Milward	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1424 Bottom Creek Lane		
CITY/ST/ZIP/CO:	Bent Mountain , VA 24059		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ C. DENISE HAYES	C. DENISE HAYES, CEO	3/17/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			